

November 25, 2003

Montana Medicaid Notice

Pharmacies, Physicians, and Mid-Level Practitioners

Prior Authorization Changes

Effective Immediately

- **Xanax XR** has been added to the list of Medications that require prior authorization (PA) for Montana Medicaid clients. Xanax XR tablets may be covered for patients who have not responded to adequate trials of at least two generic long-acting benzodiazepines, one of which is generic alprazolam. Coverage of Xanax XR will be allowed for once daily dosing only.
- **Trental** (Pentoxifylline) has been removed from the Drug PA program. Mandatory generic restrictions remain in place for this medication.
- **Carafate** (Sucralfate) has been removed from the Drug PA program. Mandatory generic restrictions remain in place for this medication.

Effective January 1, 2004

On October 22, 2003, the Medicaid Drug Use Review Board (DUR Board) elected to apply PA restrictions to the following medications:

- Zyprexa Zydis
- Risperdal M-tabs

Patients who have special requirements for administration of atypical antipsychotics may be granted prior authorization for these two formulations of Zyprexa and Risperdal.

Coverage of Over-the-Counter Loratadine Products

On October 22, 2003, the Medicaid Drug Use Review Board (DUR Board) also elected to include coverage of OTC Loratadine products, effective January 01, 2004. Prescribed OTC Loratadine products whose manufacturer has a rebate agreement with the Centers for Medicare and Medicaid Services (CMS) will be available to clients without prior authorization (PA) restrictions. Considering this, the DUR Board also elected to add PA restrictions to federal legend, brand and generic Non-sedating Antihistamines. Federal legend, brand and generic Non-sedating Antihistamines may be authorized upon failure of a fourteen day trial of OTC Loratadine products.

Compound Prescriptions

The following Department assigned NDCs have been re-activated until further notice.

Medication	NDC
Bowel Preparations	00888-0001-00 through 00888-0001-02
Compounded oral tablet, capsule or solution	00888-0002-00 through 00888-0002-29
Injectable (non-infusion)	00888-0003-00 through 00888-0003-02
Nasal Preparation	00888-0004-00 through 00888-0004-02
Ophthalmic Preparations	00888-0005-00 through 00888-0005-02
Otic Preparations	00888-0006-00 through 00888-0006-02
Respiratory Preparations	00888-0007-00 through 00888-0007-09
Suppositories & Suspensions	00888-0008-00 through 00888-0008-12
Topical creams, ointments and gels	00888-0009-00 through 00888-0009-29
Topical Solutions	00888-0010-00 through 00888-0010-02

Contact Information

Any questions regarding this notice can be directed to Dan Peterson at (406) 444-2738 or the Medicaid Drug Prior Authorization Unit at (406) 443-6002.

Prior Authorizations for the Medicaid Prescription Drug Program can be obtained by calling the Medicaid Drug Prior Authorization unit at (406) 443-6002 or (800) 395-7961

For more information, visit the Provider Information website:

<http://www.mtmedicaid.org>

For claims questions or additional information, contact Provider Relations:

Provider Relations in Helena and out-of-state: (406) 442-1837

In-state toll-free: 1-800-624-3958